



**Department of
Taxation**

Estate Tax Unit
1-(800) 977-7711
tax.ohio.gov

ET 17
Rev. 7/03

Ohio Estate and Additional Tax Estimated Payment Notice (Ohio Revised Code 5731.23)

Estate of _____ Case number _____

To the auditor of _____ County

I, _____
Executor, administrator or other person

hereby make an estimated payment for the estate of the above named decedent who died a resident of

City, village or township

Address (including state and ZIP code)

on the _____ day of _____, _____, in the following amounts:
Month Year

Estate tax	\$	_____
Interest	\$	_____
Penalty	\$	_____
Additional tax	\$	_____
Other deficiency	\$	_____
Total paid	\$	_____

Date _____, _____
Month and day Year

Signature _____

Title _____

Note to County Auditor: An estate tax form 6 (charge) is required to be prepared, processed and forwarded to the Estate Tax Unit in Columbus together with a copy of this estate tax form 17 upon filing and payment.